

**Pharmacology** can be defined as the study of substances that interact with living systems through chemical processes, especially by binding to regulatory molecules and activating or inhibiting normal body processes. These substances may be chemicals administered to achieve a beneficial therapeutic effect on some process within the patient or for their toxic effects on regulatory processes in parasites infecting the patient.

### **Sources of drugs:**

- Plant sources.
- Animal sources.
- Mineral/ Earth sources.
- Microbiological sources.
- Semi synthetic sources/ Synthetic sources.
- Recombinant DNA technology.

### **Route of drug administration**

Most drugs can be administered by a variety of routes. The choice of appropriate route in a given situation depends both on drug as well as patient related factors. Mostly common sense considerations, feasibility and convenience dictate the route to be used. Routes can be broadly divided into those for **(a)** Local action and **(b)** Systemic action.

### **LOCAL ROUTES**

These routes can only be used for localized lesions at accessible sites and for drugs whose systemic absorption from these sites is minimal or absent. The local routes are:

**Topical** This refers to external application of the drug to the surface for localized action. It is often more convenient as well as encouraging to the patient. Drugs can be efficiently delivered to the localized lesions on skin, oropharyngeal/ nasal mucosa, eyes, ear canal, anal canal or vagina in the form of lotion, ointment, cream, powder, rinse, paints, drops, spray, lozengens, suppositories or pesseries. Nonabsorbable drugs given orally for action on g.i. mucosa (sucralfate, vancomycin), inhalation of drugs for action on bronchi (salbutamol, cromolyn

sodium) and irrigating solutions/jellies (povidone iodine, lidocaine) applied to urethra are other forms of topical medication.

## **SYSTEMIC ROUTES**

The drug administered through systemic routes is intended to be absorbed into the blood stream and distributed all over, including the site of action, through circulation

### **1. Oral**

Oral ingestion is the oldest and commonest mode of drug administration. It is safer, more convenient, does not need assistance, noninvasive, often painless, the medicament need not be sterile and so is cheaper. Both solid dosage forms (powders, tablets, capsules, spansules, dragees, moulded tablets, gastrointestinal therapeutic systems—GITs) and liquid dosage forms (elixirs, syrups, emulsions, mixtures) can be given orally.

### **2. Sublingual (s.l.) or buccal**

The tablet or pellet containing the drug is placed under the tongue or crushed in the mouth and spread over the buccal mucosa. Only lipid soluble and non-irritating drugs can be so administered. Absorption is relatively rapid—action can be produced in minutes. Though it is somewhat inconvenient, one can spit the drug after the desired effect has been obtained. The chief advantage is that liver is bypassed and drugs with high first pass metabolism can be absorbed directly into systemic circulation. Drugs given sublingually are—GTN, buprenorphine, desaminooxytocin.

### **3. Rectal**

Certain irritant and unpleasant drugs can be put into rectum as suppositories or retention enema for systemic effect. This route can also be used when the patient is having recurrent vomiting or is unconscious. However, it is rather inconvenient and embarrassing; absorption is slower, irregular and often unpredictable, though diazepam solution is rapidly and dependably absorbed from rectum in children. Drug absorbed into external haemorrhoidal veins (about 50%) bypasses liver, but not that absorbed into internal haemorrhoidal veins. Rectal inflammation can result from irritant drugs. Diazepam, indomethacin.

**4.Subcutaneous (s.c.)** The drug is deposited in the loose subcutaneous tissue which is richly supplied by nerves (irritant drugs cannot be injected) but is less vascular (absorption is slower than intramuscular). Only small volumes can be injected s.c. Self-injection is possible because deep penetration is not needed. This route should be avoided in shock patients who are vasoconstricted—absorption will be delayed. Repository (depot) preparations that are aqueous suspensions can be injected for prolonged action.

**Parenteral** (*Par*—beyond, *enteral*—intestinal)-This refers to administration by injection which takes the drug directly into the tissue fluid or blood without having to cross the intestinal mucosa. The limitations of oral administration are circumvented.

**(i) Intramuscular (i.m.)** The drug is injected in one of the large skeletal muscles—deltoid, triceps, gluteus maximus, rectus femoris, etc. Muscle is less richly supplied with sensory nerves (mild irritants can be injected) and is more vascular (absorption of drugs in aqueous solution is faster). It is less painful, but self injection is often impracticable because deep penetration is needed.

**(ii) Intravenous (i.v.)** The drug is injected as a bolus (Greek: *bolos*—lump) or infused slowly over hours in one of the superficial veins. The drug reaches directly into the blood stream and effects are produced immediately (great value in emergency). The intima of veins is insensitive and drug gets diluted with blood, therefore, even highly irritant drugs can be injected i.v., but hazards are— thrombophlebitis of the injected vein and necrosis of adjoining tissues if extravasation occurs.

**(iii) Intradermal injection** The drug is injected into the skin raising a bleb (e.g. BCG vaccine, sensitivity testing) or *scarring/multiple puncture* of the epidermis through a drop of the drug is done. This route is employed for specific purposes only.